



DEPARTMENT OF SOCIAL SERVICES  
CHILD PROTECTION SERVICES  
700 Governors Drive  
Pierre, South Dakota 57501-2291  
(605) 773-3227  
Fax: (605) 773-6834

Dear :

The Department of Social Services Division of Child Protection Services would like to thank you for caring for South Dakota's children.

As a former part of the foster care team your input is very important to the continuing care of children.

In an effort to assist the Department in recruiting and retaining foster families we ask that you complete this questionnaire, and return it to this office. If you would prefer to complete it online and send it via e-mail, you may access it on your computer at the following e-mail address:  
<http://www.state.sd.us/social/CPS/Forms/Instructions/566Instructions.htm>

Thank you for your time in completing this questionnaire.

Sincerely,

A handwritten signature in cursive script that reads "Virgena Wieseler".

Virgena Wieseler  
Division Director

Enclosure

DSS-CP-566 05/06

## **FOSTER PARENT EVALUATION OF CPS**

1. What was most satisfying about being a foster parent?
2. Was foster parenting what you expected? Why or why not?
3. Would you consider providing foster care in the future? Why or why not?
4. Is there a family you would suggest that you feel would be interested in providing foster care?
5. If you could make any changes in the foster care system, what would they be?
6. Did any of the following reasons contribute to you leaving the foster care system?  
Indicate yes or no and explain.

Liability issues \_\_\_\_\_.

Reimbursement not adequate to cover expenses of child \_\_\_\_\_.

Need for day care \_\_\_\_\_.

Separating from the child was too difficult for our family \_\_\_\_\_.

Changes in jobs, life styles (married, divorced) health, moved, advancing age \_\_\_\_\_.

Adopted/birthed a child and need to devote time to her/him \_\_\_\_\_.

Disillusionment with the system in general \_\_\_\_\_.

Lack of Agency (social worker, licensing worker, training, lack of adequate contacts, personality conflict) support when dealing with the children \_\_\_\_\_.

Need time to be with our own immediate family \_\_\_\_\_.

Feel we have completed our obligation to helping others \_\_\_\_\_.

Lack of placements \_\_\_\_\_.

Overloading home on a regular basis \_\_\_\_\_.

What was your greatest problem being a foster parent?

Other (Please specify)

Would you like for us to call and visit you about your former role in the Foster Care System?

\_\_\_\_\_  
YES                      NO

If you indicate yes, please give your name and phone number.